



Does Exposing Infants to Peanut Products Influence the Risk of a Peanut Allergy?

IN THE PAST, IT WAS RECOMMENDED that highly allergenic foods, such as eggs, nuts, and fish, be delayed in infants who were at increased risk of food allergies. A rise in the incidence and prevalence of food allergies prompted a re-examination of the guidelines advising the delay of allergenic foods. More recently, there has been evidence suggesting that either delaying the introduction of solid foods (beyond 4 to 6 months) and/or avoiding foods considered to be highly allergenic might actually increase the risk of food allergy in infants.¹

An allergy to peanuts is considered one of the most common childhood allergies and results in severe reactions more often in comparison to other food allergies.² Data also suggest that children are less likely to outgrow it.^{2,3} Observations of children residing in different countries with similar ancestries but with different rates of peanut allergy influenced the Learning Early about Peanut Allergy (LEAP) Study.³

This was a randomized, open-label controlled trial in the United Kingdom involving infants with an existing allergic condition (ie, egg allergy, severe eczema, or both). The infants were between the ages of 4 and 11 months at baseline and were followed until they reached 5 years of age. There were 98 infants identified as being sensitive to peanuts, confirmed via skin-prick test, compared to 530 that tested negative at the start of the trial.³

Of those participants that tested positive, less than half developed a peanut allergy, (35.3% from the avoidance group compared to 10.6% from the group that consumed peanut products). The prevalence of peanut allergy within

the group that tested negative was 15.6% (13.7% from the avoidance group and 1.9% from the consumption group). At the age of 5 years, the relative reduction in the prevalence of a peanut allergy overall was 70.0% and 86.1% among the participants who tested positive and negative, respectively.³

A follow-up study, Persistence of Oral Tolerance to Peanut (LEAP-On), evaluated the effect of peanut avoidance for 1 year with 88.5% of the infants from the LEAP trial. Four participants with peanut allergy from the avoidance group in the first trial were no longer allergic at 6 years of age, yet the onset of new peanut allergy was similar in both groups (1.1%). Overall, the results showed that the reduced prevalence of peanut allergy was maintained, and 74% lower in the consumption group compared to the avoidance group.⁴

Several organizations, including the American Academy of Pediatrics, endorsed a consensus communication document in 2015 that supports “early, rather than delayed peanut introduction during the period of complementary food introduction in [high-risk] infants” based on the findings from the LEAP trial.⁵ This interim guidance was published to help with clinical decision making, and it includes age-appropriate examples of foods containing peanut protein in amounts comparable to the LEAP study.

Although the evidence is promising and supports the inclusion of peanut products as a complementary food with high-risk infants, it may not be appropriate for all infants, regardless of risk. The interim guidance acknowledges the benefit of further evaluation, which may include a physician, preferably one specialized in allergic diseases, overseeing the introduction of peanut products.

There is currently a 2016 draft addendum⁶ to the 2010 *Guidelines for the Diagnosis and Management of Food Allergy*⁷ that is being considered for the prevention of peanut allergy in infants. This document is intended to

help both health care providers and caregivers evaluate the appropriateness of introducing peanut products. As is the case with most nutrition interventions, the approach needs to be individualized based on the patient's unique circumstances.

Minimizing the risk of peanut allergy, while being cognizant of an infant's developmental signs of readiness for solid foods, is critical at this stage of the life cycle, especially knowing certain peanut products present a choking hazard for young children. Registered dietitian nutritionists are uniquely qualified to assist with best practices for complementary feeding and to provide nutritional counseling and growth monitoring, both of which are highly recommended for children who are diagnosed with food allergies.⁷

References

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This article was written by **Jill Balla Kohn**, MS, RDN, LDN, of the Academy of Nutrition and Dietetics Knowledge Center Team, Chicago, IL. Academy members can contact the Knowledge Center by sending an e-mail to knowledge@eatright.org.

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